Confidential Patient Progress Information

Since beginning care has your main complaint:

List: _____

___ Improved
___ Unchanged
___ Increased

Since beginning care have other complaints:

List: _____

___ Improved
___ Unchanged
___ Increased

What degree of relief do you get following your adjustment?

___ Minimal
___ Moderate
___ Maximum

How long does the relief last following your adjustment?

___ Minutes
___ Hours
___ Days

Please rate your pain on a scale from zero to ten in which ten is severe pain and zero is none.

___ (Main Complaint)
___ (Other, List ____)

It is very important to know how your present condition affects your activities of daily living. Please take the time and indicate your ability to perform the following activities using the codes provided.

U–Unable L–Limited P–Pain D–Difficult N–Normal H–Haven't Tried

__ Lying on back	__Getting in/out of car	__Sleeping	__ Stooping
__ Lying on side with knees bent	__Gripping	__Pushing	__ Sitting
__ Turning over in bed	__Cimbing	__Pulling	__ Bending forward
__ Lying flat on stomach	__Dressing self	__Reaching	__ Bending backward
__ Standing for periods over 1 hour	__Sexual activity	__Kneeling	__ Walking
	__Sneezing	__Coughing	

Are you able to perform the activities you enjoy doing most in life:

___ Better since receiving care.
___ The same since receiving care.
___ What I enjoy doing most in life was unaffected by my condition.

Do you have any new complaints or concerns you would like to share with me? Yes/No

List: